

**Mississippi State Department of Health  
2009 Influenza A (Novel H1N1) Swine Flu Vaccine  
Provider Agreement**

Date _____	VFC Provider _____ Yes PIN _____ _____ No	
Physician's Name (MD, DO, NP, PA) _____ <div style="text-align: center;"><i>Last</i> <i>First</i> <i>MI</i></div>		
Medical/Nursing/Other License Number _____		
Organization/Practice Name _____		
Primary Facility Mailing Address _____ <div style="text-align: center;"><i>Post Office Box/Street Address</i> <i>City</i> <i>State</i> <i>Zip Code</i></div>		
Shipping Address for Vaccine _____ <div style="text-align: center;"><i>Street Address</i> <i>City</i> <i>State</i> <i>ZIP Code</i></div>		
Telephone Number (_____) _____	Fax Number (_____) _____	
1. Primary Contact Name _____ <div style="text-align: center;"><i>Last</i> <i>First</i> <i>Title</i></div>		
Email Address _____		
2. Secondary Contact Name _____ <div style="text-align: center;"><i>Last</i> <i>First</i> <i>Title</i></div>		
Email Address _____		
Select which best describes your organization/practice.		
<input type="checkbox"/> Local Health Department	<input type="checkbox"/> FQHC/Rural Health	<input type="checkbox"/> Private Practice (Specialty) _____
<input type="checkbox"/> Private Hospital	<input type="checkbox"/> Designee of FQHC/Rural Health	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> School/College/University	<input type="checkbox"/> Public Hospital	<input type="checkbox"/> Other (Please specify) _____

Your participation in the 2009 Influenza A (Novel H1N1) monovalent vaccine immunization effort is greatly appreciated as a vital service that will protect individuals and the public against 2009 Novel H1N1 Swine Flu. The 2009 Influenza A (Novel H1N1) monovalent vaccine has been purchased by the federal government as a means of protecting the public against 2009 Novel H1N1 Swine Flu. It is being made available to immunization providers working in partnership with state and local public health departments to vaccinate individuals for whom the vaccine is recommended. This Provider Agreement specifies the conditions of participation in the 2009 Influenza A (Novel H1N1) monovalent vaccine immunization effort in the U.S. and must be signed and faxed (601-576-7468 or 1-800-634-9204) to the immunization program prior to receipt of the vaccine.

**The immunization provider agrees to:**

1. Administer the 2009 Influenza A (Novel H1N1) monovalent vaccine according to the recommendations of CDC's Advisory Committee on Immunization Practices as adopted by the Centers for Disease Control and Prevention.
2. Store and handle the vaccine in accordance with the package insert provided with the vaccine including in compliance with cold chain requirements. Consider your current refrigerator storage capacity. Novel H1N1 Swine Flu vaccine will need to be stored, in addition to the other vaccinations and products that you have on-hand, in a refrigerator that can maintain 36-46 F (2-8 C). The vaccine presentation (vials vs. syringes) and packaging is not known at this time.
3. This registration to order vaccine must be authorized by a medical professional licensed to prescribe medication in Mississippi, either a medical doctor, doctor of osteopathy, nurse practitioner, or pharmacist. Please provide the name and title of the authorizing medical professional.

4. Provide a current Vaccine Information Statement to each individual before vaccination, and answer questions about the benefits and risks of vaccination, including different indications for live versus inactivated vaccines.
5. Record in the patient's medical record or in an office log the date of administration, the site of administration, the vaccine type and lot number, and
6. The name of the immunization provider for each individual vaccinated. The record must be kept for a minimum of three years following vaccination.
7. Report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (1-800-822-7967, <http://vaers.hhs.gov/contact.htm>).

**In addition, the provider:**

8. Cannot charge patients, health insurance plans, or other third party payers for the vaccine, the syringes or the needles as these are provided at no cost to the provider. The provider/facility is also prohibited from selling Novel H1N1 Swine Flu vaccine, syringes or needles.
9. May charge a fee for the *administration* of the vaccine to the patient, their health insurance plan, or other third party payer. The administration fee cannot exceed the regional Medicare vaccine administration fee. If the administration fee is billed to Medicaid, the amount billed cannot exceed the state Medicaid administration fee.
10. May either administer the 2009 Influenza A (Novel H1N1) monovalent vaccine for free to individuals who cannot afford the administration fee, or refer these individuals to a public health department clinic or affiliated public health provider for vaccination.

**Reporting Requirements in order to receive Novel H1N1 Vaccine:**

11. Must report the number of doses of 2009 Influenza A (Novel H1N1) monovalent vaccine administered to individuals as requested by the state or local public health department. The reporting guidelines are as follows: Report to the Mississippi Immunization Information eXchange, (MIIX). This system is web-based, time efficient and user friendly.
  - Submit a completed and signed Mississippi Immunization Information eXchange, (MIIX) Registry User Agreement. A PDF Copy of the Agreement can be accessed at [www.HealthyMS.com/h1n1](http://www.HealthyMS.com/h1n1). This form may be mailed or faxed (see information listed below). Also, located on this website is the Mass Immunization Quick Reference Guide. An online five minute tutorial will be available in the future.
  - If your clinic/facility does not have internet access, please call the Immunization Program for further assistance.

**Mississippi State Department of Health  
Immunization Program  
ATTN: Christie Levy  
Post Office Box 1700  
Jackson, MS 39215-1700  
Email: [christie.levy@msdh.state.ms.us](mailto:christie.levy@msdh.state.ms.us)  
Telephone Number: (601) 576-7751  
Fax: (601) 576-7468 or 1-800-634-9204**

**NOTE: Please be mindful that all providers will be held accountable for each dose of vaccine. Failure to enter daily reports timely may result in vaccine orders being held.**

**Registry Reporting:**

By registering as an H1N1 vaccine provider, you have access to the Mississippi Immunization Information eXchange (MIIX) Mass Immunization module for data entry.

12. Must report to the state health department the number of doses of vaccine that were not able to be used because the vaccine expiration date was exceeded or the vaccine was wasted for other reasons. These doses must be disposed of in accordance with state regulations for biological waste. These forms may be obtained from the MSDH website at [www.HealthyMS.com/h1n1](http://www.HealthyMS.com/h1n1) or by contacting the Immunization Program at the number listed above.
13. Vaccinators are strongly encouraged to provide an immunization record card to the vaccine recipient or parent/guardian to provide a record of vaccination, to serve as an information source if a Vaccine Adverse Event Reporting System report is needed, and to serve as a reminder of the need for a second dose of vaccine (if necessary). Immunization cards will be included in each shipment of vaccine.

**Hours of Operation:**

It is critical that your office is available to receive the temperature-sensitive vaccine when it is shipped. Please enter the days of the week and hours that your office is open and available to receive shipments. Be sure to indicate if you are closed for lunch. Example: 8:00 a.m. - 11:30 a.m. and 1:30 p.m. - 4:30 p.m.

Days and times vaccine may be delivered \_\_\_\_\_

**Patient Profile:**

Please estimate the number of patients in your practice for each category below that you anticipate vaccinating with the Novel H1N1 Swine Flu vaccine. Please put 0 in the box for each category that does not apply to your practice or organization. If a patient falls into more than one category, please only enter them in one group.

Category	Number of Individuals
Pregnant women	
Household contacts & caregivers for children younger than 6 months of age	
Health care & emergency medical services personnel (including your clinic staff)	
Children from 6 months – 18 years of age	
Young Adults 19 - 24 years of age	
Persons aged 25 - 64 years who have health conditions associated with higher risk of medical complications from influenza.	

### **Other Health Clinic Providers:**

Please provide the names, medical license number and title for each provider in your clinic.

Clinic/Facility Name \_\_\_\_\_ Clinic/Facility License Number \_\_\_\_\_  
(Tax ID Number)

_____ <i>Last Name, First, MI</i>	_____ <i>Medical License Number</i>	_____ <i>Title (MD, DO, NP, PA)</i> <i>(Provider must have prescription writing privileges)</i>
_____ <i>Last Name, First, MI</i>	_____ <i>Medical License Number</i>	_____ <i>Title (MD, DO, NP, PA)</i> <i>(Provider must have prescription writing privileges)</i>
_____ <i>Last Name, First, MI</i>	_____ <i>Medical License Number</i>	_____ <i>Title (MD, DO, NP, PA)</i> <i>(Provider must have prescription writing privileges)</i>
_____ <i>Last Name, First, MI</i>	_____ <i>Medical License Number</i>	_____ <i>Title (MD, DO, NP, PA)</i> <i>(Provider must have prescription writing privileges)</i>
_____ <i>Last Name, First, MI</i>	_____ <i>Medical License Number</i>	_____ <i>Title (MD, DO, NP, PA)</i> <i>(Provider must have prescription writing privileges)</i>
_____ <i>Last Name, First, MI</i>	_____ <i>Medical License Number</i>	_____ <i>Title (MD, DO, NP, PA)</i> <i>(Provider must have prescription writing privileges)</i>
_____ <i>Last Name, First, MI</i>	_____ <i>Medical License Number</i>	_____ <i>Title (MD, DO, NP, PA)</i> <i>(Provider must have prescription writing privileges)</i>

Receipt of Novel H1N1 Swine Flu vaccine shall constitute acceptance of the terms of this agreement.

Agreed to on behalf of the above-named providers and facility(ies):

Signature: \_\_\_\_\_

Medical Director: \_\_\_\_\_ Medical License # \_\_\_\_\_ Date \_\_\_\_\_  
(Print)